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Letter to the Editor

Predictive validity of FCE?

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Response to D.E. Lechner, J.J. Page and G. Sheffield, Predictive validity of a functional capacity evaluation: The physical work performance evaluation, *WORK* 31 (2008), 21–25.

Although Functional Capacity Evaluations (FCE) are used worldwide, there is still little evidence with regards to the predictive validity for FCE. In that respect, we applaud the efforts of Lechner et al. [7] that were published recently in *WORK*. However, in our opinion, there are concerns about this paper that we would like to share with you.

We have some concerns about data presentation and time between data collection and reporting. Looking at the limited number of participants it would have been more appropriate to present the actual numbers in stead of percentages. Additionally, the percentages in the text do not correspond with those presented in the table. The data is gathered in 1993 and 1994, but no efforts were made to discuss whether this seemingly old data might still be valid in the current times, while external factors such as social and insurance systems may have changed.

Our main concerns, however, are that the authors claim preliminary evidence for predictive validity, yet therapists and patients were aware of the return to work recommendations. The authors have not used the methodology of a randomized clinical trial (RCT), in which for one group RTW recommendations were based upon FCE results and the other group received recommendations on the basis of some other assessment. We therefore do not know if there is any relationship between RTW status and FCE. The conclusion of the study might as well be that patients followed the recommendations given to them. It remains unclear if recommendations were appropriate and what the role of the FCE was. Given these concerns it might have been more appropriate when this paper were presented as a pilot study into criterion validity on the basis of historic data.

The authors state that little is known about the predictive validity of FCE. While we agree with this statement, more is known than the authors present in their review of the literature. The authors present literature up to 2002, some irrelevant for the subject of this paper [10] and poorly cited [9], while important papers (for example: [1–6]) on this subject were not used or cited by the authors.

A discussion or reflection of FCE and predictive validity is lacking. The authors assume that FCE should be regarded as predictive for RTW, but do not present

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the theoretical reasoning for this assumption. In fact, it may be questioned whether FCE will ever be found valid for the prediction of a safe and lasting RTW, or whether it should be considered a predictor for RTW. The construct of 'workability' is widely regarded as a multidimensional. Whether a patient successfully returns to work or not, depends on more than functional capacity by itself. It is critical to understand that an instrument measuring a single dimension cannot be expected to assess a multidimensional construct. It is, therefore, by definition incorrect to suggest or to claim that the results of an FCE should be able to predict a person's work ability, or even more complex, a successful return to work. At best, one may expect an FCE to measure an individual's immediate functional ability to perform physical work-related activities. This should be seen as **one** of the prerequisites for a successful return to work. Seen in this light, the role of the physical domain may prove to be a modest one [8].

The authors conclude that their study provides preliminary evidence in support of the predictive validity of the FCE studied. In our opinion, it is still unknown whether or not this FCE have predictive validity for RTW, because evidence for predictive validity was not presented in the paper. The results of this study do, however, support the need for further study into predictive validity of (this) FCE.

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